

Wisconsin Home Energy Assistance Program (WHEAP)

Federal Fiscal Year (FFY) 2016

AUTHORIZATION OF REPRESENTATIVE/AFFIDAVIT OF AGENT FORM

SECTION 1 – Applicant completes Authorization of Representation

AUTHORIZATION OF REPRESENTATION

I, _____, hereby authorize _____, to
 <Applicant name> < Agent name>

submit my completed Wisconsin Department of Administration, Home Energy Plus Application Form(s) (DOA-9549)

to _____. I also authorize _____ to duly
 <WHEAP Agency> <Agent name>

execute the application and all documents that may be necessary to establish that

_____ has not in any way changed or altered any information I may have given
 <Agent name>

or statements I may have made on said application(s). I further state under penalties of perjury that this statement is true and correct to the best of my knowledge.

This authorization is valid until *(not to exceed September/2020)*: Date: _____ / _____
month year

Signature of WHEAP Applicant

Date

SECTION 2 – Authorized Agent completes Affidavit of Agent

AFFIDAVIT OF AGENT

I, _____, hereby certify that I am the authorized representative identified by
 <Agent name>

_____, to submit the Home Energy Plus Application Form(s) (DOA-9549)
<Applicant name>

to _____. I also certify that I have not and will not alter any information given
<WHEAP agency name>

or statements made by _____ on said application(s). I further state, under
<Applicant name>

penalties of perjury, that this statement is correct to the best of my knowledge.

Signature of Agent

Date